

#/6/1) 1600 7-15-03

APPLICANT(S):

Heinrich Jürgensen

CONFIRMATION NO.: 9473

SERIAL NO.:

09/445,112

GROUP ART UNIT: 2828

FILED:

February 17, 2000

EXAMINER: Delma R Ruiz

TITLE:

"METHOD AND ARRANGEMENT FOR REDUCING THE PUMP

LIGHT AT THE EXIT OF A FIBER LASER"

MAIL STOP AF

Commissioner for Patents, P. O. Box 1450 Alexandria, VA 22313-1450 Washington, D. C. 20231

SIR:

In response to the Office Action of May 6, 2003 and an interview with the Examiner on July 1, 2003, the following is submitted:

Do vor Ewith

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JUL 0 1 2003

TECHNOLOGY CENTER 2800

TELEPHONE (312) 258-5500

SCHIFF HARDIN & WAITE

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

In re application of:

Heinrich JÜREGENSEN

CONFIRMATION NO.: 9473

Serial No .:

09/445,112

GROUP ART UNIT: 2828

Filed:

February 17, 2000

EXAMINER: Delma R. Flores Ruiz

For:

'METHOD AND ARRANGEMENT FOR REDUCING THE PUMP LIGHT AT THE EXIT OF A FIBER

LASER

AMENDMENT AFTER FINAL

MAIL STOP AF

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

JUL 0 1 ZUUS

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ne fee has been o	fee has been calculated as shown below.					TECHNOLOGY CENTER	
			CLAIMS AS AMEND	ED			
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL PEE	
TOTAL CLAIMS	* 12	MJNU\$	** 20	x	() X 9.00 () X 18.00		
INDEP. CLAIMS	• 2	MINUS	3	x	() X 40.00 () X 80.00		
any multiple	Application amended to contain any multiple dependent claims not previously paid for.				()\$135.00 ()\$270.00 ONE TIME		
			TOTAL ADDITIONA			\$0.0	

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated ______ for ____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

A check in the amount of \$_____ is attached.

A check for \$____ accompanying IDS under 37 CFR 1.97(c) is attached

A check for \$____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

By Breet a Valifur (27.84

I hereby certify this correspondence is being transmitted to Examiner Ruiz by facsingle on July 1, 2003 by transmittal to telefax no. (703) 746-3056.

Brett A. Valiquet

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

July 1, 2003

DATE

SCHIFF HARDIN & WAITE

PATENT DEPARTMENT 6600 SEARS TOWER CHICAGO, ILLINOIS 60606 USA TELEPHONE: 312-258-5786 TELEPAX: 312-258-5921

TELEFAX COVER SHEET

TO:

Examiner Delma R. Ruiz

United States Patent and Trademark Office

Group Art Unit 2828

FROM:

Brett Valiquet

DATE:

July 1, 2003

SUBJECT:

Heinrich Jürgensen - USSN 09/445,112 - P99,2405

TELEFAX NO.: 1 703 746 3056

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